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RETROVERTED GRAVID UTERUS CAUSING
RETENTION OF URINE.

• BY

DR. T. HEWSON BRADFORD.



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A recent case of retention of urine, caused by the retroversion of the gravid uterus, having presented itself at the Gynæcological Out-patient Department of the Pennsylvania Hospital, it has occurred to me that it was of sufficient interest to report to this society. The patient, G. L., an Italian, aged 30, married, mother of three children, was first seen on March 30, 1891. She related that she was suffering severe pain in the abdominal region, complained of difficult locomotion, with a constant desire to urinate, but at each effort there was only a slight dribbling and finally complete retention for three or four days. Upon questioning, she stated that menstruation had ceased between three and four months, and she believed herself pregnant.



No clear or decided history could be recalled relative to a fall, or over-straining by lifting or moving a heavy weight; neither was there any recollection of any sudden, sharp pain.

Examination revealed the bladder distended to umbilicus. Uterus retroverted and enlarged to about the fourth month of pregnancy, cervix high up, pressing against the neck of the bladder, causing obstruction.

The patient being in the dorsal position, the catheter was readily introduced, and sixty-three ounces of strong, ammoniacal urine were drawn off with marked relief. The uterus was replaced by bimanual manipulation to its normal position; no anæsthetic was used, and the patient evinced but slight pain.

After a short rest she returned home and was asked to report at the next dispensary day, no treatment being prescribed other than moderate care and rest. Two days later she reported that urine was passed regularly and no difficulty was experienced. Examination found the uterus still in its replaced normal position. As there seemed to be no reason for further treatment or exami-

nation, she was asked to return in about two weeks.

On April 13, when she again visited the dispensary, her health was excellent, having had no return of the difficulty.

Bramwell reports a similar case in the London *Lancet* of April 12, 1890, in which there was considerable difficulty in making the diagnosis on account of the patient insisting that she was not pregnant, although menstruation had ceased for three or four months, which she had attributed to change of life.

The symptoms were misleading until retention of urine occurred. Two attempts to replace the uterus were made; after great difficulty it was accomplished, and she went to term.

In Oliver's case, London *Lancet*, March 22, 1890, death resulted from rupture of the bladder and peritonitis in a retroverted gravid womb, five months advanced.

Henske, St. Louis *Clinique*, Vol. III, reports a case of retroversion and incarceration of a pregnant uterus, advanced to between four and five months, in which it was necessary to puncture the bladder to relieve the

retention and to induce abortion before the uterus could be replaced; the patient made a complete recovery.

In Bramwell's case, the first quoted, the retro-displacement was attributed to lifting heavy furniture and general over-exertion.

In Oliver's case the trouble arose from fatigue in walking, when the patient, as she expressed it, "felt something drop inside."

In the third case no cause could be assigned, and in this particular agrees with the case reported in this paper.

It is possible that in both these cases there was slight retroversion at the time of impregnation, and not until the increasing weight of the uterus had a tendency to sink the fundus lower and cause the cervix to ascend and press upon the bladder would symptoms to any extent arise. It also calls attention to the importance of early examinations of all cases of pregnancy in order that any malposition may be corrected before adhesions occur, thereby saving much suffering and possibly life.

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